

Check A But  
Paralogical Species

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM P 1-75)**

SERIAL NO.	FILING DATE
APPLICANT(S)	

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
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30	1		1			
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42						
43						
44						
45	1		1			
46						
47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55	1		1			
56						
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66						
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72	1		1			
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80	1		1			
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100	1		1			
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

Check A Box  
Patent Specialist

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM P 15)

SERIAL NO.	FILING DATE
APPLICANT(S)	

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		1				
2		2				
3		3				
4		4				
5		5				
6		6				
7		7				
8		8				
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10		10				
11		11				
12		12				
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14	1		1			
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19		19				
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22		22				
23		23				
24		24				
25		25				
26	1		1			
27		1		1		
28	1		1			
29	1		1			
30		1		1		
31		1		1		
32	1		1			
33	1		1			
34		1		1		
35		2				
36		3				
37		4				
38		5				
39		6				
40		7				
41		8				
42		9				
43		10				
44		11				
45		12				
46		13				
47		14				
48		15				
49		16				
50		17				
TOTAL IND.		13				
TOTAL DEP.		126				
TOTAL CLAIMS		39				

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						